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## ASSISTED LIVING APPLICATION

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### INSTRUCTIONS FOR COMPLETION

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Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, related required documentation, and the fee.

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#### **APPLICATION FOR LICENSE**

To obtain a license, a complete application form must be submitted with all related required documentation and the licensure fee. (See below section: Required Documentation - Initial Application.)

Only when all documentation has been received in its entirety and approved will a nurse surveyor contact you to schedule a paper review (see below section: Scheduled Paper Review). An on-site inspection will follow. If a facility is not in compliance with COMAR 10.07.14 and requires the OHCQ to conduct more than one on-site pre-licensure visit, the OHCQ may charge \$250 per additional on-site visit.

The OHCQ strongly recommends that providers have internet access and an e-mail address. Assisted living updates are sent out by e-mail.

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#### **RENEWAL**

To renew a license, a complete application form must be submitted with all related renewal documentation and the required licensure fee. (See below section: Required Documentation - Renewal Application.)

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#### **FEE**

The non-refundable 2-year application fee is:

- \$400 for 1-4 beds
- \$600 for 5-15 beds
- \$900 for 16-49 beds
- \$1,300 for 50-99 beds
- \$2,000 for 100-149 beds
- \$3,000 for 150 plus beds

The application fee must be submitted with the application. Make the business check, cashier's check, money order, or personal check payable to: "DHMH." Starter checks will not be accepted.

Maryland Department of Aging (MDOA) and local health departments may collect additional fees.

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#### **REQUIRED APPLICATION SECTIONS**

General Information  
Fees  
Ownership  
Background  
Workers' Compensation  
Affidavit

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#### **REQUIRED DOCUMENTATION - INITIAL APPLICATION**

1. A hand drawn sketch of your physical site using a separate sheet of 8 ½" x 11" inch paper for each level of the building. Label each room on the sketch and indicate measurements for all rooms. Refer to COMAR 10.07.14.49A to determine the minimum size for resident rooms.
  2. A Uniform Disclosure Statement (available on the OHCQ website, <http://dhmh.maryland.gov/ohcq>).
  3. A 4-week menu cycle for a regular diet with documentation by a licensed dietician or licensed nutritionist that the menu is nutritionally adequate **OR** proof of purchase of the Long Term Care Diet Manual **AND** a 4-week menu cycle for a regular diet. To purchase the Long Term Care Diet Manual, visit the Long Term Care Forms page on the OHCQ website.
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4. A copy of verification showing the building is owned, leased, or otherwise under the control of the applicant.
  5. A copy of your program's approved fire inspection report. See Fire Inspection section below to determine who should conduct the inspection. If the OHCQ is responsible, the inspection will be conducted during your on-site pre-licensure visit. Fire inspections from independent contractors are not acceptable.
  6. A copy of your Zoning Approval and/or Use and Occupancy Permit, if applicable. Most jurisdictions require approval and/or a permit to operate a 6+ bed facility. Exceptions include: Baltimore County (1+ beds), Frederick County (3+ beds), Baltimore City and Harford County (4+ beds), and Cecil and Montgomery Counties (9+ beds). As these requirements are subject to change, check with your local jurisdiction to confirm current requirements.
  7. If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission, 410-864-5100 or via e-mail at [COC@wcc.state.md.us](mailto:COC@wcc.state.md.us).
  8. If your program is 17+ beds, submit a copy of your program's food service permit from the local health department.
  9. If your program is 17+ beds, submit an approved physical site plans review from a Maryland State Engineer, 410-767-5926.
  10. If your program is located in Howard County, submit a current copy of your Howard County Rental License which can be obtained from Inspections, Licenses & Permits, 410-313-3800. (This includes the Fire Inspection Report and/or Zoning Permit.)
  11. If your program is located in Montgomery County **AND** is 3+ beds, you must also obtain a Montgomery County license to operate. For an application, contact Licensure and Regulatory Services, 240-777-3986 (this is also the office that will conduct all environmental and fire inspections upon receipt of your application).
  12. If your program is located in Baltimore City **AND** is 1-16 beds, submit a copy of your environmental report from the City Health Department, 410-396-4428.
  13. If your program is located in Baltimore County, submit a copy of your environmental report from the County Department of Health, 410-887-2243.
  14. If the disclosing entity is a corporation, submit a copy of your good standing document from the State of Maryland Assessments & Taxation office, 410-767-1330 or conduct a Charter Record Search on the website: [sdacert3.resiusa.org/UCC-Charter/CharterSearch\\_f.aspx](http://sdacert3.resiusa.org/UCC-Charter/CharterSearch_f.aspx) and print the General Info Page which identifies if the corporation is in good standing.
  15. If your facility is planning to operate, or currently operating, an Alzheimer's Special Care Unit or Program, submit a program description using the "Alzheimer's Disease or Related Disorders Special Care Unit or Program Disclosure Form," which can be found on the OHCQ website. (See COMAR 10.07.14.30.)
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#### **REQUIRED DOCUMENTATION - RENEWAL APPLICATION**

1. If your program is 6+ beds, submit a copy of your approved fire inspection report.
  2. If your program is located in Baltimore City or Prince George's County **AND** is 1+ beds, submit a copy of your approved fire inspection report.
  3. If your program is located in Baltimore County **AND** is 4+ beds, submit a copy of your approved fire inspection report.
  4. If your program is located in Howard County, submit a current copy of your Howard County Rental License.
  5. If your program is located in Baltimore County, submit a copy of your environmental report.
  6. If the disclosing entity is a corporation, submit documentation that the corporation is in good standing.
  7. If your facility is operating an Alzheimer's Special Care Unit or Program, submit a written description of any changes that have been made to the unit and how those changes differ from the description of the unit that is on file with the OHCQ.
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## **SCHEDULED PAPER REVIEW**

**Do NOT submit these items with your application.** Instead, bring the following information to your scheduled paper review with the OHCQ nurse surveyor:

1. The assisted living manager's staff record which must contain written evidence that the manager meets all the experience/education, age, health, and training requirements described in COMAR 10.07.14.15A, .16, and .19G. (See the OHCQ website for information on who may teach training classes for the manager, alternate manager, and other staff.)
2. The alternate assisted living manager's staff record which must contain written evidence that the alternate manager meets all the experience, age, health, and training requirements described in COMAR 10.07.14.18 and .19G.
3. Documentation of a completed criminal background check or criminal history records check for the owner, applicant, assisted living manager, alternate manager, other staff, and any household members.
4. The delegating nurse's staff record which must include evidence of a current license, completion of delegating nurse/case manager training, and a signed contract between the delegating nurse and the assisted living program.
5. A quality assurance plan (see COMAR 10.07.14.13).
6. A business plan and 1-year operating budget which demonstrates financial or administrative ability to operate an assisted living program.
7. A copy of your program's resident agreement (see COMAR 10.07.14.24 and .25 and the Sample Resident Agreement on the OHCQ website).
8. A copy of your program's policies and procedures to be implemented in accordance with the following regulations (COMAR 10.07.14):
  - A. .24D(7)(a) – Bed and Room Assignment Policy;
  - B. .24D(7)(b) – Change in Resident's Accommodation Procedure;
  - C. .24D(7)(c) – Transferring of Resident to Another Facility Procedure;
  - D. .24D(8)(c) – Resident Discharge Procedure;
  - E. .24D(8)(d) – Resident's Request to Terminate an Agreement Procedure;
  - F. .27C – Documentation Policies and Procedures to ensure all pertinent information relating to a resident's condition/preferences is documented in the record and communicated to the appropriate persons;
  - G. .24D(6) & .35A(18) – Complaint and Grievance Procedure;
  - H. .35D(3) – Adult Medical Day Care Policy;
  - I. .36A – Policy and procedures prohibiting abuse, neglect, and financial exploitation of residents;
  - J. .46C – Emergency and Disaster Plan Procedure; and
  - K. .47A,B(1)-(3) – Smoking Policy.

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## **CODE OF MARYLAND REGULATIONS (COMAR) 10.07.14**

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at [www.dsd.state.md.us](http://www.dsd.state.md.us);
- B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
- C. Visit your library (click this link to find the closest location: [www.dsd.state.md.us/Depositories.aspx](http://www.dsd.state.md.us/Depositories.aspx)).

Assisted living programs are held accountable for COMAR 10.07.14. The following may also be applicable: COMAR 10.27.09, COMAR 32.02.01.01B(35), COMAR 32.02.02.31, COMAR 10.27.11, COMAR 29.06.01, COMAR 09.12.23, COMAR 10.15.03, COMAR 10.01.03, COMAR 28.02.01, COMAR 10.39.04.04.02, COMAR 10.07.10, COMAR 10.07.02.01-1, COMAR 32.03.02, 42 CFR §§484.18, 484.30, and 484.32, the content of the Maryland Board of Nursing medication administration course, and generally accepted accounting principles (GAAP) for the maintenance of resident funds.

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## **FREQUENTLY ASKED QUESTIONS**

In Section 1, "Legal Name" means the full name of the owners in a sole proprietorship or partnership, or the legal name assigned to a corporation or LLC in the certificate of formation.

In Section 1, "Trading Name (DBA)" means the business trade name, also known as the Doing Business As name. If a corporation owns XYZ Assisted Living, the corporation's name is the legal name, and XYZ Assisted Living is the trading name.

In Section 1, to determine the level of care you would like to provide, refer to COMAR 10.07.14.05. Be aware that the manager of a Level 3 program must meet additional requirements (see COMAR 10.07.14.15A(1)(c) for details).

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## **FIRE INSPECTION**

Jurisdiction/County	The OHCQ	Fire Inspection Conducted By:	
		Local Jurisdiction	Office of the MD State Fire Marshal
Allegany, Garrett & Washington	1- 5 beds		6+ beds, 301-791-4758
Anne Arundel	1- 5 beds	6+ beds, Fire Dept 410-222-7884	
Baltimore City		1+ beds, Fire Dept 410-396-5752	
Baltimore County		1- 3 beds, Department of Health 410-887-2243 4+ beds, Fire Prevention Bureau 410-887-4883	
Calvert, Charles & St. Mary's	1- 5 beds		6+ beds, 443-550-6820
Caroline, Kent & Talbot	1- 5 beds		6+ beds, 410-822-7609
Carroll & Frederick	1-5 beds		6+ beds, 410-871-3050
Cecil & Harford	1- 5 beds		6+ beds, 410-836-4844
Dorchester, Somerset & Wicomico	1- 5 beds		6+ beds, 410-713-3780
Howard		1+ beds, Inspections, Licenses & Permits 410-313-3800	
Montgomery	1- 5 beds	6+ beds, Fire & Rescue Service 240-777-2457	
Prince George's		1+ beds, Fire/EMS Dept 301-583-1830	
Queen Anne's	1-5 beds	6+ beds, Dept of Emergency Services 410-758-4500, x1144	
Worcester	1- 5 beds	6+ beds, Office of the Fire Marshal 410-632-5666	

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## **QUESTIONS**

Please contact 410-402-8217 or 877-402-8221 (toll-free) for questions related to the application.

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## **SEND COMPLETED APPLICATION TO:**

Assisted Living Program  
OHCQ  
Bland Bryant Building  
Spring Grove Hospital Center  
55 Wade Avenue  
Catonsville, MD 21228

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